

## PART B - FEE(S) TRANSMITTAL

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20529

7590

03/10/2004

NATH & ASSOCIATES  
 1030 15th STREET  
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/973,180	10/10/2001	Cock M. van Duijn	24584	4477

TITLE OF INVENTION: DIAGNOSTICS AND THERAPEUTICS FOR AUTOSOMAL DOMINANT HEMOCHROMATOSIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	06/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GOLDBERG, JEANINE ANNE	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Nath & Associates PLLC2. Todd L. Juneau

3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

ERASMUS UNIVERSITY ROTTERDAM

ROTTERDAM, THE NETHERLANDS

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-0112 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Todd L. Juneau Reg. No. 40,669 June 1, 2004

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06/03/2004 MBERHE1 00000098 09973180

01 FC:2501  
 02 FC:1504  
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665.00 OP  
 300.00 OP  
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TRANSMIT THIS FORM WITH FEE(S)



MAIL STOP ISSUE FEE  
Atty. Docket No. 24584

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Notice of Allowance: 03/10/04  
VAN DUIJN et al. Group Art Unit: 1634  
Serial No.: 09/973,180 Examiner: GOLDBERG, Jeanine Anne  
Filed: October 10, 2001

For: **DIAGNOSTICS AND THERAPEUTICS FOR AUTOSOMAL DOMINANT  
HEMOCHROMATOSIS**

TRANSMITTAL LETTER

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith for filing in the U.S. Patent and Trademark Office is the following:

- (1) Transmittal Letter;
- (2) Part B-Issue Fee Transmittal;
- (3) Check No. 21096 \$ 665.00 for Issue Fee as a large entity;
- (4) Check No. 21097 \$ 300.00 for Publication Fee;
- (5) Check No. 21098 \$ 30.00 for Advance Order Copies.

The Commissioner is hereby authorized to charge any deficiency or credit any excess to Deposit Account No. 14-0112.

Respectfully submitted,

**NATH & ASSOCIATES PLLC**

By: 

Gary M. Nath  
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Todd L. Juneau  
Registration No. 40,669  
Customer No. 20529

Date: June 1, 2004

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